



**FREDERICK COUNTY GOVERNMENT
DIVISION OF FIRE & RESCUE SERVICES
5370 Public Safety Place
Frederick, MD 21704**

**DOCTOR'S CERTIFICATION OF FITNESS TO
PERFORM CANDIDATE PHYSICAL ABILITY TEST**

I have reviewed the attached eight elements of the Frederick County Division of Fire & Rescue Services' (DFRS) "Candidate Physical Ability Test" and certify that the candidate listed below is under my care and is able to prepare for and perform the elements of the test safely.

Candidate's Name: _____

Agency to Which
Application is Made: _____

Date of
Examination: _____

Expiration date is six months from date of exam.

Doctor's Signature: _____

Name Printed/Typed: _____

Address & Phone #: _____

This form will expire six months from the date of examination. Upon expiration, a new certification form must be completed before any further processing can be done.

*******IMPORTANT*******

Candidate: You must bring this form with you when you report for the Mentoring Program or Physical Ability Test. Without this form, you will not be tested.